State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

| Outdoor Motorized Recreation | on Trail Aids Applica | tion |
|-------------------------------------|-------------------------|-------------|
| For: (Choose all that apply) | | Page 1 of 4 |
| | ☐ Motorized Stewardship | |
| County Snowmobile Trail Aids | (20% match required) | |

Notice: Completion of this form is required under s. 23.09(26) and 23.33, Wis. Stats. Failure to complete this form will result in denial of financial assistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions: Applications may combine more than one source of funds. They may be submitted for consideration of both traditional ATV, Snowmobile funding AND Motorized Stewardship funding. Submit two (2) copies of all forms and attachments. See page 2 for necessary attachments. Mail applications to your Community Services Specialist.

| Activities Involved in Application: (Select all that apply) | Leave Blank - DNR Use Only | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| ☑ Maintenance ☐ Insurance ☐ Bridge Rehabilitation ☐ Acquisition ☐ Development ☐ Trail Rehabilitation | Project Number | | | | | | | |
| Applicant Information | | | | | | | | |
| Applicant/Organization Name Eau Claire County | Check Recipient: Individual other than authorized individual to act o behalf of the applicant. Provide check recipient information below: | | | | | | | |
| Authorized Individual Name, Title | Check Recipient Name: (Name to Appear on Check) | | | | | | | |
| Josh Pedersen, Parks and Forest Director | Eau Claire County | | | | | | | |
| Address | Address | | | | | | | |
| 227 1st Street West | 227 1st Street West | | | | | | | |
| City, State, ZIP Code | City, State, ZIP Code | | | | | | | |
| Altoona, WI 54720 | Altoona, WI 54720 | | | | | | | |
| Telephone Number | E-Mail Address | | | | | | | |
| (715) 839-4783 | josh.pedersen@co.eau-claire.wi.us | | | | | | | |
| Project Information | | | | | | | | |
| Project Title | Number of Trail Miles | | | | | | | |
| ATV Variance request for ATV 3409- September 21 Storm Project Description | 19.7 | | | | | | | |

- For maintenance, include a concise statement of the type of maintenance activities and the type of grooming equipment used.
- For major bridge rehabilitation, describe the proposed construction items to rehabilitate the bridge.
- · For trail rehabilitation, describe the repair and renovation activities necessary to improve the trail for user safety.
- For development, describe development activities and structures to be constructed.
- · For development of intensive use areas; describe the need and expected use and method of operating and maintaining the facility.
- For Motorized Stewardship describe project and source of matching funds, narrative must include the source of the matching funds,
- · Minimum Useful Life Agreement is required to be submitted with the signed grant agreement.

Eau Claire County sustained significant damage to our Hamilton Falls ATV trail on September 21, 2016. The damages caused by this flood event resulted in a closure of the Hamilton Falls section of trail. Two large culverts were completely washed out making this trail impassable. In addition, there were also 3 other culverts that were partially blown out and in need of armoring. This section of trail will not be reopened unless the storm damage is fixed. Funding is also being requested from the snowmobile aid program, as this is also a funded snowmobile trail. Amount sought from ORV council would be \$7,657, with the same amount coming from the snowmobile council.

| Estimated Cost | | | | | | | | | | | | | |
|---|------------------|-------------|---------------|--------------------|----------------------|-------|--|--|--|--|--|--|--|
| Maintenance Acquisition Insurance | | Development | Bridge Rehab. | Trail Rehab. | Total Estimated Cost | | | | | | | | |
| 7,657 | | | | | | 7,657 | | | | | | | |
| Leave Blank - DNR Use Only | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Applicant Certification | | | | | | | | | | | | | |
| As the applicant's authorized official, I certify that, to the best of my knowledge, the information in this application is true and correct. | | | | | | | | | | | | | |
| Typed Name of Aut | horized Official | | Official's | Official's Title | | | | | | | | | |
| Josh Pedersen | | | Parks a | nd Forest Director | | | | | | | | | |
| Signature of Author | ized Official | | Date Pr | epared | | | | | | | | | |
| Josh Vel | | 1 | | 17/16 | | | | | | | | | |

State of Wisconsin Department of Natural Resources Box 7921 Madison, Wisconsin 53707

For use with Grant Application Form 8700-191

RECREATION GRANT PROJECT COST ESTIMATE WORKSHEET Form 8700-014

| roini 67.00-191 | LEAVE BLANK - DNR USE ONLY Project Number | NEODMATION PROCEES | INTORMATION PROGRESS | Insp. Date - Bill No. | Percent Completed | | | | | | | | | | | | | | TOTAL |
|--|---|--|----------------------|--|-------------------|-----------|----------------------|--------------|-------------------------|---------------------------|---------------------|-------------------------|-------------------------------------|-------------------------------|--------------------------------|--|-----|---|----------|
| or use with Grant Application Form 6700-19 | | □ Public □ Private | | Estimated Total Item Cost | | \$541 | \$1,807 | \$785 | \$2,018 | \$675 | \$5.952 | \$535 | \$624 | \$870 | \$1507 | | | | \$15,314 |
| i oi dec viiti | u | ıınfv | di ity | Component Costs | | 45.06 | 56.48 | 65.40 | 11.80 | 25 | \$32/hr | 89.20 | 624 | 870 | 1507 | | | | TOTAL |
| | Prepared By: Josh Pedersen | Landowner Name: Fall Claire County | | Quantity and Unit of Measure | | 12 | 32 | 12 | 171 tons | 27 tons | 186 hours | 9 | - | 1 | 1 | | 2 7 | 7 | - 3 |
| | est Dept. | Damage | la alfanta | Indicate Contract (C) Force Acct. (F) Donated(D) | | Щ | ഥ | ഥ | S | S | Ц | Щ | S | S | O | | | | , a l |
| | ₽ ^- | County Project Name: Eau Claire Hamilton Falls ATV Trail Storm Damage | | DEVELOPIMENT PROJECT ITEMS List by individual item or break down by Use Areas (See Item List On Back Of This Form) | | D5G Dozer | Excavator with Blade | Motor Grader | 3/4" gravel (delivered) | 3"-6" Rip Rap (delivered) | Force Account Labor | Freightliner Dump Truck | Steel Beams for Bridge Construction | Chain for Bridge Construction | Lumber for bridge construction | | | | |

NOTE: For ACQUISITION PROJECTS, complete the information on the reverse side of this form.